FIFTY-SIXTH REPORT

COMMITTEE ON PETITIONS

(SIXTEENTH LOK SABHA)

MINISTRY OF HEALTH & FAMILY WELFARE

(Presented to Lok Sabha on 3.8.2018)

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ANNEXURE

(i) Minutes of the 49th sitting of the Committee held on 31.7.2018

COMPOSITION OF THE COMMITTEE ON PETITIONS
(2017-2018)

Shri Bhagat Singh Koshyari -*Chairperson*

MEMBERS

2. Shri Suresh C. Angadi
3. Shri Om Birla
4. Shri Jitendra Chaudhury
5. Shri Ram Tahal Choudhary
6. Dr. K. Gopal
7. Shri C.P. Joshi
8. Shri Chhedi Paswan
9. Shri Kamlesh Paswan
10. Shri Arjun Charan Sethi
11. Shri Kodikunnil Suresh
12. Shri Dinesh Trivedi
13. Shri Rajan Vichare
14. Shri Dharmendra Yadav
15. Vacant

SECRETARIAT

1. Shri Shiv Kumar	-	Joint Secretary
2. Shri Raju Srivastava	-	Additional Director
3. Shri G.C. Dobhal	-	Deputy Secretary
4. Shri Harish Kumar Sethi	-	Senior Executive Assistant

FIFTY-SIXTH REPORT OF THE COMMITTEE ON PETITIONS

(SIXTEENTH LOK SABHA)

INTRODUCTION

I, the Chairperson, Committee on Petitions, having been authorised by the Committee to present the Report on their behalf, present this Fifty-Sixth Action Taken Report (Sixteenth Lok Sabha) of the Committee to the House on the Action Taken on the recommendations of the Committee on Petitions made in their Twenty-Eighth Report (Sixteenth Lok Sabha) on the Representation of Shri D.K. Joshi regarding alleged neglect of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) patients in the country.

2. The Committee considered and adopted the draft Fifty-Sixth Action Taken Report at their sitting held on 31 July, 2018.

3. The observations/recommendations of the Committee on the above matters have been included in the Report.

NEW DELHI;
31 July, 2018
9 Shravana, 1940 (Saka)

BHAGAT SINGH KOSHYARI,
Chairperson,
Committee on Petitions.

REPORT

ACTION TAKEN BY THE GOVERNMENT ON THE RECOMMENDATIONS OF THE COMMITTEE ON PETITIONS MADE IN THEIR TWENTY-EIGHTH REPORT (SIXTEENTH LOK SABHA) ON THE REPRESENTATION OF SHRI D. K. JOSHI REGARDING ALLEGED NEGLECT OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) PATIENTS IN THE COUNTRY

The Committee on Petitions (Sixteenth Lok Sabha) presented their Twenty-Eighth Report to Lok Sabha on 16 March, 2017 had dealt with a Representation received from Shri D. K. Joshi regarding alleged neglect of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) patients in the country.

2. The Committee had made certain observations/recommendations in the matter and the Ministry of Health & Family Welfare were asked to implement the recommendations and requested to furnish their action taken replies thereon for consideration of the Committee.

3. Action Taken Notes have since been received from the Ministry of Health & Family Welfare in respect of all the observations/recommendations contained in the aforesaid Report. The recommendations made by the Committee and the replies furnished thereto by the Ministry of Health & Family Welfare have been detailed in the succeeding paragraphs.

4. In paras 28 and 29 of the Report, the Committee had observed/recommended as follows:-

> *"The Committee note that though the stigma surrounding HIV+ infection in the form of broken marriages and relationships, rejection by family, ostracism by the society, loss of employment, etc., has diminished, to a larger extent, in the country due to which the patients neither conceal their HIV+ infection from people nor hesitate in going to the doctors, yet the gaps in treatment of HIV+ are still common which are primarily related to the financial requirements for the therapy and the inability of patients to afford medication. In this connection, the Ministry of Health & Family Welfare has stated that under the aegis of National Aids Control Programme (NACP-IV), People Living with HIV/AIDS (PLHIV) are provided with free Antiretroviral treatment, treatment of Opportunistic Infections (OIs) and other Counseling Services; for which 520 Antiretroviral Treatment (ART) Centers and 1,094 Link Antiretroviral*

Treatment Centers (LAC) have been established. There are also 276 CD4 machines/testing facilities providing CD4 diagnostics services PLHIV. Besides, with a view to facilitating the provision of tertiary level specialized care and treatment, second line and alternative first line ART, training & mentoring and operational research, 10 Centers of Excellence and 7 Pediatric Centre of Excellence have also been established across the country. Complementing these ART Services, 350 Care and Support Centers (CSCs) are also being operated through the Civil Society Organizations (CSOs) for providing community-based outreach, follow-up, counseling, and referral services for PLHIV to strengthen treatment requirement and also improving the overall quality of life for PLHIV.

The Committee appreciate the efforts made by the Ministry of Health & Family Welfare in regard to providing consistent access to affordable and efficacious medication regime for treatment of HIV+ patients. However, at the same time, the Committee urge the Government for devising a mechanism for providing an expanded access to subsidized ARV therapy for the poor people, orphan/destitute children and poor people infected with HIV+."

5. In their action taken reply, the Ministry of Health & Family Welfare has submitted as follows:-

"Government is providing free ART treatment to HIV/AIDS Patients through 531 ART Centers and 1108 Link ART Centers.

In addition, there are 360 Care and Support Centers in the country providing linkage to social security and protection schemes, community based outreach, follow-up, counseling and referral services for PLHIVs to improve their quality of life.

As an expanded access of ART Services to Persons Living with HIV/AIDS, there are 22 Public Private Partnership (PPP) ART Centers established in private hospitals across the country and scale up of the same is under process."

6. In paras 30 and 31 of the Report, the Committee had observed/recommended as follows:-

"The Committee note that in a resource-deficient scenario, illness could impose a major financial burden on the HIV/AIDS patients and their families. As a matter of fact, besides the direct costs of medication, continuous monitoring and medical care, additional costs also include the substantial reduction in the overall earnings of HIV infected individuals as well as their household members—who also involved in

providing care to the HIV/AIDS patients. The Committee also note that despite concerted efforts of the Government to provide low cost treatment in the country through various modes such as Global Fund to fight AIDS, production of generic ARVs, etc., many HIV infected persons in the country are still unable to access treatment due to their weak financial condition. The Committee further note that financial assistance in the form of 'Widow Pension' is being provided in a few States. Besides, in some other States, one-time financial benefit or financial assistance to orphans is being provided after the death of 'People Living with HIV/AIDS (PLHIV).

In the absence of a universal policy and/or an integrated approach for providing financial assistance to the HIV/AIDS patients and later on, to the family of the deceased, the Committee urge the Government to undertake an extensive consultation process with all the State Governments to formulate a blue-print for extending some financial assistance to the HIV/AIDS patients and to the family members of the deceased HIV infected patients."

7. In their action taken reply, the Ministry of Health & Family Welfare has submitted as follows:-

"NACO through State AIDS Control Societies (SACS') have been advocating with concerned departments or Ministries to amend existing schemes to extend the benefits of social protection and consider exclusive schemes for Financial Assistance to People Living with HIV. The State Governments in most of the States/ UTs have considered and are providing financial assistance to PLHIV. This provisioning by States is continuously monitored and advocacy with States is done for initiating more schemes."

8. In paras 32 and 33 of the Report, the Committee had observed/recommended as follows:-

"The Committee observe from the submissions made by the Ministry of Health and Family Welfare that as per the Integrated Counseling and Testing Centers (ICTC) programme data for the year 2014-15, the following major factors/reasons have been identified with respect to transmission of HIV/AIDS in the country:— Unprotected sexual intercourse including Men who have sex with Men (95%). HIV infected pregnant women to her foetus or infant before, during or after birth (3%). Use of improperly sterilized needles and syringes that have been in contact with infected blood can transmit HIV (0.9%). Transfusion of infected blood, blood products & transplantation of HIV infected organs or tissues (0.1%). Non-specified factors (1%).

Notwithstanding the reasons/factors as enumerated above, the Committee are happy to note the declining trend of HIV+ patients in the country. However, the Committee are of considered opinion that the Government should now implement the recommendation of World Health Organisation for 'Treat All' which primarily relates to removing limitations on the eligibility for ART treatment of HIV/AIDS patients. At the same time, the Government should also adopt an effective strategy to further contain the spread of HIV/AIDS, which could include-adoption of fast-track targets while keeping prevention in focus, enhanced infusion of funds—both domestic and with International Assistance and cooperation as well to ensure access to affordable medicines, creating and inclusive society that values every human life, and global solidarity including all forms of cooperation including North-South, South-South cooperation, multilateral and bilateral cooperation and collaboration between Governments, Private Sector and the Civil Society. The Committee also recommend that multimedia campaigns should be planned and implemented for creating awareness on HIV+ transmission modes, including transmission through unsafe use of blades and razors, etc. The other options for attaining the above-stated objectives, viz., campaigns through mass media supported by inter-personal communications, outdoor, Information, Education and Communication (IEC) material and exhibitions should also been meticulously worked out and implemented at the National and State levels."

9. In their action taken reply, the Ministry of Health & Family Welfare has submitted as follows:-

"Government has adopted WHO 2016 Guidelines and has rolled out `Treat All' policy on April, 2017. All PLHIVs are initiated on ART irrespective of CD4 counts/WHO clinical Stage/Age/Population. In addition to reduction in mortality and morbidity, this will also decrease transmission.

The NACP is articulating an enhanced need for resources up to 2020 to meet End AIDS targets. The budgetary allocation shows a rising trend since the year 2014-15 as given in the table below:-

(Rs. in crore)

Year	*BE*	*RE*
2014-15	*1785.00*	*1300.00*
2015-16	*1397.00*	*1615.00*
2016-17	*1719.00*	*1770.05*
2017-18	*2000.00*	--

With regards to International assistance world banks and Global fund have also continued their support. Under New Funding Model of Global Fund support is available up to December, 2017. NACP has been allocated an amount of USD 155 M for the period 2018-20 by GFATM.

Every year NACO undertakes many activities for awareness on HIV/AIDS and reducing stigma surrounding it. Multimedia campaigns are conducted on mass media supported by outdoor media such as hoardings, bus panels, information kiosks, folk performances and exhibition vans to create awareness on HIV/AIDS and to promote services/facilities and reduce stigma and discrimination surrounding it at health care settings and communities across the country.

At the inter-personal level, training and sensitization programmes for Self-Help Groups, Anganwadi workers, ASHA, members of Panchayati Raj Institutions and other key stakeholders are also planned to spread awareness about treatment and other facilities especially in rural areas. In addition, Vulnerabilities of High Risk Groups including Commercial Sex Workers (CSW), Men having Sex with Men (MSM), injecting Drug Users (IDU) and also truck drivers and migrants are specifically addressed through behavior change communication programmes implemented as a part of Targeted Interventions projects."

10. In paras 34, 35 and 36 of the Report, the Committee had observed/recommended as follows:-

"The Committee note that in February, 2014, the Union Government launched the fourth phase of its anti-AIDS/HIV strategy, namely the National AIDS Control Programme, under the aegis of the National AIDS Control Organisation (NACO) which falls directly under the Department of AIDS Control, Ministry of Health and Family Welfare. The Committee also note that this five year programme (2012-17) aims at sustaining and building up on the results of NACP-III Phase.

The Committee further note that the objectives of NACP-IV inter alia include: (i) reversal of AIDS epidemic through a participative/inclusive approach; (ii) targeting of High Risk Groups (HRG), i.e., truckers, migrants, pregnant women, etc.; (iii) strengthening the response in the country through a cautions and well defined integration process, i.e., testing and counseling; (iv) wide range discussions with the stakeholders, viz., people living with AIDS, Civil Society, NGOs, Communities, Technical Experts and representatives of State Governments; (v) promotion of condoms and other preventive mechanism and awareness; (vi) up-scaling of Anti Retroviral Therapy (ART) and administering third line of it to those who failed in the

second line of treatment; (vii) social protection by curbing discrimination to reduce vulnerability of families suffering from AIDS; (viii) parent-to-child transmission prevention; and (ix) phase-wise integration of HIV services with the health system.

Since the Fourth Phase of NACP would conclude in the year 2017, the Committee earnestly desire that the Ministry of Health and Family Welfare would make a realistic appraisal of this Programme by taking into account the sufficiency of budgetary allocation during the five-year plan period (2012-17), money received from the Global Fund and the World Bank, impact of unavailability of donors on the Programme, etc. Given the fact that around 2.27 million people still suffer from AIDS in our country, the Committee also recommend that the Government should also undertake an advance planning for continuity in the National Aids Control Programme by weeding out all the deficiencies noticed by them in the earlier Programme so that any break during the interregnum period should not affect the Programme as well as dampen the hopes of the People Living with HIV(PLHIV)."

11. In their action taken reply, the Ministry of Health & Family Welfare has submitted as follows:-

"A Mid Term Appraisal of National AIDS Control Programme Phase-IV has been brought out by NACO in August, 2016. For the continuation of the National AIDS Control Programme, a National Strategic Plan (NSP) covering the period 2017 to 2024 is being prepared and is under draft stage. Beyond 2017 to the period of present Finance Commission (2017-2020) an EFC of Rs.8,466.19 crore is under approval stage and will be submitted to the Ministry of Finance for their approval.

Government is developing National Strategic Plan 2017-24 for HIV/AIDS with goal of ending AIDS by 2030 for which an inclusive, interactive and participatory process has been adopted involving People Living with HIV/AIDS (PLHIVs), Community representatives, Civil societies, researchers, experts in the field, development partners, Project Directors of State AIDS Control Societies (SACs) and NHM officials. As a process, three national consultations and twenty-six focused in-person consultations with thematic groups have been carried out besides constant electronic communication and feedback from diverse stakeholders are being done. NSP articulates essential strategies to achieve national goals."

Observations/Recommendations

NEED TO SPEED UP THE PROCESS OF ESTABLISHING NEW PUBLIC-PRIVATE PARTNERSHIP ANTIRETROVIRAL TREATMENT CENTERS AND INTERLINKING OF ANTIRETROVIRAL TREATMENT CENTERS IN THE COUNTRY

12 On the issue of strengthening and accessibility of HIV/AIDS treatment and also to improve the overall quality of life for HIV/AIDS patients, the Committee had appreciated the Ministry of Health & Family Welfare for their efforts for providing consistent access to affordable and efficacious medication regime for the treatment of HIV+ patients. However, the Committee had urged the Government for devising a mechanism for providing an expanded access to subsidized ARV Therapy for the poor people, orphan/destitute children and poor people infected with HIV+.

13 The Committee are astonished to note from the reply of Ministry of Health & Family Welfare that even after a lapse of more than a year, there are only 22 Public Private Partnership ART Centers established in Private Hospitals across the country and scaling up of the same is still under process. Basically, there are two very important things which do not allow the HIV+ patients to get their right treatment and that too at the right clinic, i.e., (i) Financial Requirement; and (ii) Inability of HIV+ patients to afford medication. Keeping in view the urgent need for the affordable treatment of HIV+ patients in the country, the Committee reiterate their earlier recommendation and urge the Ministry of Health & Family Welfare to strengthen its network and take necessary steps to speed up the process of establishing new Public-Private Partnership ART Centers and link Antiretroviral Treatment Centers all over the country in a time bound manner to provide consistent access to affordable and efficacious medication regime for the treatment of HIV+ patients. Further, on an urgent need basis, a mechanism may also be devised for providing an expanded access to subsidized ARV Therapy for the poor people, orphan/destitute children

infected with HIV+. The Committee may be apprised of the steps taken in this regard within three months of the presentation of this Report to the House.

FINANCIAL HELP TO HIV+ PATIENTS - *A PRIMARY AGENDA OF THE GOVERNMENT*

14 It is an acknowledged fact that HIV+ patients face major financial constraints due to direct costs of medication, continuous monitoring and medical care. Additional costs also include the substantial reduction in the overall earnings of HIV infected individuals as well as their household members. Many HIV infected persons in the country are still unable to access treatment due to their weak financial condition. In some States, one-time financial benefit or financial assistance to orphans is being provided after the death of 'People Living with HIV/AIDS' (PLHIV). The Committee had observed that there is an absence of a Universal Policy and/or an 'Integrated Approach' for providing financial assistance to the HIV/AIDS patients and later on, to the family of the deceased. The Committee, therefore, felt the grief of HIV infected persons and urged the Government to renew their efforts to formulate a blue-print for extending some financial assistance to the HIV/AIDS patients and also to the family members of the deceased HIV infected patients.

15 The Committee take note of the initiatives taken by the Ministry of Health & Family Welfare to amend the existing Schemes to extend the benefits of Social Protection and considering exclusive Schemes for Financial Assistance to People Living with HIV. This provisioning by the States is continuously monitored and liaisoning with the States is done for initiating more Schemes. The Committee are not satisfied with the efforts made by the Ministry of Health & Family Welfare in this regard, as the matter of social protection and financial assistance to the HIV+ patients and later on, to the family of deceased, be always taken in the right earnest and given the utmost possible importance. The Committee opine that it is imperative

to keep this issue as the Primary Agenda of the Government in order to explicitly exhibit their keenness and attention for the welfare of the HIV+ patients in the country so that they should also not feel neglected and able to channelize their energy and resources to overcome the physical and psychological trauma due to the long drawn treatment. The Committee, therefore, once again reiterate their earlier recommendation and urge the Ministry to take concerted efforts to formulate a Scheme at the earliest to extend Financial Assistance to the HIV/AIDS patients without any quantification, slab or the reasons attributed to inadequate resources on this count. The Committee may also be apprised of the steps taken in this direction.

CONTINUATION OF STEPS TAKEN TO REDUCE MORTALITY AND TO DECREASE TRANSMISSION OF THE DISEASE IN THE COUNTRY

16 The Committee had taken note of the major factors/reasons identified with respect to transmission of HIV/AIDS in the country. In spite of the declining trend of HIV+ patients in the country, the Committee had observed the need of implementation of the recommendation of World Health Organisation for 'Treat All' which primarily relates to removing limitations on the eligibility for ART treatment of HIV/AIDS patients. The Committee had further observed the need to adopt an 'Effective Strategy' to further contain the spread of HIV/AIDS. The Committee had, therefore, recommended for plan and implementation of Multimedia Campaigns and Mass Media Campaigns for creating awareness on HIV+ transmission modes at the National and State levels.

17 The Committee appreciate the Ministry of Health & Family Welfare for their efforts, especially for adoption of WHO 2016 Guidelines and `Treat All' Policy. The Committee believe that it will not only result in reduction in mortality and morbidity

but also help in decreasing transmission of the disease in the country. The Committee are happy to note the continuous support rendered by the Global Fund and also allocating $ 155 million for the period 2018-20 by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to the National AIDS Control Organisation (NACO). The Committee further note that to reduce the stigma and discrimination, NACO has been conducting Multimedia Campaigns and also promoting services/facilities at Health Care settings and communities across the country. At the inter-personal level, training and sensitization programmes for Self-Help Groups, Anganwadi Workers, ASHA, Members of Panchayati Raj Institutions and other key stakeholders are also being considered to spread awareness about treatment and extending other facilities especially in the rural areas. Vulnerabilities of High Risk Groups, i.e., Commercial Sex Workers, Men having Sex with Men, injecting Drug Users, Truck Drivers, etc., are also being addressed to specifically through Behaviour Change Communication Programme implemented as a part of Targeted Interventions Projects.

18 In this regard, the Committee reiterate their earlier recommendation of adoption of fast-track targets while keeping prevention in focus, enhanced infusion of funds - both domestic and International Assistance. Campaigns through Mass Media supported by inter-personal communications, Information, Education and Communication (IEC) material and exhibitions should also been meticulously worked out and implemented at the National and State levels so that the important element of continuity which has already been taken care of by the Ministry of Health & Family Welfare be maintained to achieve the purpose for which it was started. Notwithstanding a number of Programmes/Campaigns being run by the Ministry of Health & Family Welfare to spread awareness towards HIV/AIDS, the Committee are of the view that the presence of Campaigns, Advertisements in all the forms of Media,

i.e., print, visual and digital are negligible and need to be augmented vigorously. The Committee, therefore, urge the Ministry of Health & Family Welfare to increase the frequency and space of meaningful advertisement/campaign, thereby, spreading awareness towards HIV/AIDS through popular Television Channels also during Prime Time Slots for wider publicity amongst people. Likewise, similar steps should also be taken by the Ministry of Health & Family Welfare to exploit the popularity of Print Media as well as the Digital Platform for the purpose. The Committee would like to be apprised of the action taken by the Government in this regard.

19. During the examination of the instant Representation, the Ministry of Health & Family Welfare had also apprised the Committee about the launch of Anti-AIDS/HIV Strategy - IV Phase, namely, the National AIDS Control Programme, under the aegis of the National AIDS Control Organisation (NACO) with the objective of reversal of AIDS epidemic, targeting of High Risk Groups, strengthening the response in the country by testing and counseling, discussions with the stakeholders, promotion of condoms and other preventive mechanism and awareness, up-scaling of Anti Retroviral Therapy and administering 'Third Line' of it to those who failed in the 'Second Line' of treatment, social protection by curbing discrimination to reduce vulnerability of families suffering from AIDS, parent-to-child transmission prevention, phase-wise integration of HIV Services with the health system, etc. The Committee desired the Ministry to make a realistic appraisal of this Programme by taking into account the sufficiency of Budgetary Allocation, funds received from the Global Fund and the World Bank, etc. Keeping in view the fact that millions of people are suffering from AIDS in the country, the Committee recommended the Government to undertake an advance Planning for continuity in the National Aids Control Programme by weeding out all the deficiencies noticed by them in the earlier Programmes.

20. It is evident from the details furnished by the Ministry of Health & Family Welfare that a Mid Term Appraisal of National AIDS Control Programme - Phase-IV has been brought out by NACO in August, 2016. For the continuation of the National AIDS Control Programme, a National Strategic Plan (NSP) covering the period 2017 to 2024 is also being prepared. Beyond 2017 to the period of present Finance Commission (2017-2020), an EFC of Rs. 8466.19 would also be submitted to the Ministry of Finance for their approval. Further, the draft National Strategic Plan 2017-24 for HIV/AIDS with goal of ending AIDS by 2030 which is an inclusive, interactive and participatory process, has been adopted by involving People Living with HIV/AIDS, Community Representatives, Civil Societies, Researchers, Experts, Development Partners, Project Directors of State AIDS Control Societies (SACs) and the National Health Mission officials. As a process, three National Consultations and twenty-six focused in-person Consultations with Thematic Groups have been carried out besides constant electronic communication and feedback from diverse stakeholders are also being done.

21. The Committee are happy to note that the Ministry of Health & Family Welfare has been making sincere efforts towards the success of the Programmes being run for the mitigation of the plight of the HIV/AIDS people and in this direction, a National Strategic Plan covering the period 2017-2024 is also being developed for HIV/AIDS with the goal of ending AIDS in the country by 2030. The Committee are of the considered opinion that while such Programmes/Plans to fight HIV/AIDS should not only be formulated by also closely monitored till the eradication of the last case of HIV/AIDS. The Committee also desire the Ministry to expedite early implementation of 'National Strategic Plan'. The Committee may be apprised of the action taken in this regard.

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